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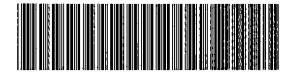
(Requestor's Name)				
, , , ,				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
Special Instructions to Filing Officer:				
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Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE
ALLAHASSEF, FLORE

COVER LETTER

TO:	Registration Section Division of Corporations			
			Billing Services, LLC	
		Name of Limited Lia	bility Company	
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/R	egistered Office Chan	ge and fee(s) are submitted for filing.	
Please	return all correspondence	concerning this matter	to the following:	
	Kevin P. Kasseba			
	Name of Perso	n		
	Kevin P. Kasseba	um, C.P.A.		
	Firm/Company		·	
	7045 Danaga - Ma	0.4. 405	•	
7015 Beracasa Way, Suite 105				
	, suul 600		•	
	Boca Raton, F	L 33433		
	City/State and Zip			
	kasskevena@he	leouth net		
E-	kasskevcpa@be mail address: (to be used for future	innual report notification)		
For fu	rther information concerning	g this matter, please c	all:	
	Kevin P. Kassebaum	n at (56	/	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADD	•	1AILING ADDRESS:	
Registration Section Division of Corporations Clifton Building			egistration Section	
			Division of Corporations	
			.O. Box 6327	
	2661 Executive Center Circl Tallahassee, Florida 32301	<i>5</i> 1	allahassee, Florida 32314	
	i ananassee, i luliud 5250 l			
	Enclosed is a check for the	ie following amount:		
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	Southern Billing Services, LLC
2. (a) Principal office address of limited liability	company: 20423 State Road 7, Suite F6-102
(Note: MUST BE STREET ADDRESS)	Boca Raton, Florida 33498
(b) Mailing address of limited liability compar	ny: 20423 State Road 7, Suite F6-102
(Note: MAY BE POST OFFICE BOX)	Boca Raton, FL 33498
10/29/2009	L09000104347
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sl	nown on the records of the Florida Dept. of State:
Registered Agent:	United States Corporation Agents, INC.
Registered Office Address:	13302 WINDING OAKS BLVD. SUITE A-100
	TAMPA FL 33612 US
(b) Enter name of <u>NEW Registered Agent</u> an	d/or NEW Registered Office address:
NEW Registered Agent:	Kevin P. Kassebaum, C.P.A.
NEW Registered Office Address:	
MUST BE FLORIDA STREET ADDRE	(SS) 7015 Beracasa Way, Suite 105 Boca Raton ,FL33433
liability company, it is hereby confirmed that the confirmed the the confirmed that the confirmed the limited liability company or or the operating agreement of the limited liability Signature of a member or authorized representative of a member Luisa E. Sonara Printed or typed name of signee I hereby accept the appointment as registered against the company of	ander the laws of the State of Florida, it is hereby de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company. All the proper and complete performing of my deutes, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.
Signature of Registered Agent	_

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00